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***EMERGENCY SOLUTIONS GRANT PROGRAM
APPLICATION FOR FUNDING
PROGRAM YEAR 2019***

APPLICATION DEADLINE DATE: April 26, 2019

INVITATION FOR PROJECT PROPOSALS

The Virgin Islands Housing Finance Authority invites the public to submit project proposals to be considered for funding under the Emergency Solutions Grant for the 2019 grant cycle.

Applications can be picked up at the VIHFA's offices on St. Thomas at Frenchtown Plaza, Suite 200, and on St. Croix at Frits Lawaetz Complex, Suite 212 Frederiksted, between the hours of 8:00 A.M. to 5:00 P.M. Monday through Friday, excluding holidays.

The deadline for submitting the proposals is April 26, 2019, at 4:00 P.M. Atlantic Standard Time. Proposals shall be delivered to VIHFA at its offices in either district. Please note that proposals will not be accepted after the deadline.

Orientation sessions for applicants will be held on St. Thomas on Monday, April 8, 2019 and on St. Croix on Wednesday, April 10, 2019. The sessions will be held at the VIHFA's office on each respective island, beginning at 5:30 P.M. Potential applicants are strongly encouraged to attend the orientation session in their respective district.

For more information or assistance with the application, please contact Mrs. Brenda Harrigan-Walwyn, ESG Coordinator at (340) 777-4432, ext. 2241 or via e-mail at bhwalwyn@vihfa.gov.

Index and Instructions

This application is to be completed by service providers interested in applying for Emergency Solutions Grant (ESG) funds. Eligible ESG recipients (sub-grantees) are local government agencies or private non-profit organizations which provide assistance/services - to include basic shelter and essential supportive services - to the chronically homeless or at-risk populations. The following activities are eligible for ESG funding:

- **Emergency Shelter** includes: (1) provision of essential services to persons in emergency shelters to include case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, substance abuse treatment, and ground transportation; (2) rehabilitation/renovation of buildings to be used as emergency shelters; or (3) operation of emergency shelters.
 - **Street Outreach** entails the provision of essential services to chronically homeless (unsheltered) persons. Eligible activities include outreach/engagement, case management, emergency medical and mental health services, and ground transportation.
 - **Homelessness Prevention/ Rapid Re-Housing** entails provision of housing relocation and stabilization services and rental assistance, as necessary, to individuals or families who are imminently at risk of becoming homeless to help them regain stability in their current housing or other permanent housing or, where individuals or families who are literally homeless, to help them move as quickly as possible into permanent housing and achieve stability in that housing. Eligible service activities include intake services, housing search/placement, and case management.
 - **Homeless Management Information System** includes costs associated with contributing data to the HMIS for **all** recipients and sub-recipients. The application consists of seven (7) sections. *Note: Please complete and return only those sections that are applicable to your project. Where the applicant proposes to offer services on more than one island, separate applications should be submitted for each island district.*
1. **Section 1** (pages 4 – 6) *must be completed by all applicants.*
 2. **Section 2** (pages 7 – 11) *must be completed by all applicants.*
 3. **Section 3** (pages 12 – 14) should be filled out only if the organization/agency is applying for ESG funds for the rehabilitation/renovation of a building to be used as a shelter.
 4. **Section 4** (pages 15 – 18) should be filled out only if the organization/agency is applying for ESG funds for supportive social services, such as outreach/engagement, case management, counseling, healthcare, job training, education, and rental assistance, utility assistance, operation of a soup kitchen, etc.
 5. **Section 5** (pages 19 – 21) should be filled out only if the organization/agency plans to use ESG funds to provide homelessness prevention and rapid re-housing assistance to include

intake services, housing search/placement, and case management relative to assisting applicant families.

6. **Section 6** (pages 22 – 25) should be filled out only if ESG funds are required to pay costs associated with participation in the Homeless Management Information System (HMIS).
7. **Section 7** (page 26) **must be completed by all applicants.**

Funded activities should be ready to start by **October 1, 2019** and must be able to be completed within eighteen (18) months. If completion within this timeframe is not possible, the project should be divided into phases, each of which can be completed within eighteen (18) months. For example, for a project which entails rehabilitation/renovation/conversion of a building for use as a shelter, the organization may apply for funding for actual rehabilitation/renovation/conversion of the building in the first year; the second year, it may apply for funds to begin operating the facility.

The ESG program operates mostly on a reimbursement basis. The sub-recipient (sub-grantee) incurs the cost and submits cash request vouchers supported by original receipts with copies of cancelled checks (or other form of proof of payment, where applicable) to Virgin Islands Housing Finance Authority (VIHFA) for payment and/or reimbursement. Undocumented expenses will not be paid or reimbursed. Reimbursements will be issued only for encumbrances or commitments that occurred after the effective date of the grant agreement authorizing the use of the funds. Note: Under no circumstances can ESG funds be used to pay or reimburse cost incurred prior to approval of the project by VIHFA and the U.S. Department of Housing and Urban Development.

A fillable electronic version of the ESG application form is available on the VIHFA's website at www.vihfa.gov or can be provided via e-mail upon request; however, **the application may not be submitted electronically. Applications must be submitted in hard copy form - typed and in the exact format of the original. Organizations are required to submit two (2) typewritten original applications signed and dated by the applicant organization's chief executive officer.** Application forms from prior years shall not be used. VIHFA reserves the right to waive any minor irregularities in, and to accept or reject, any or all proposals received.

SECTION 1: APPLICANT INFORMATION

This section is to be completed by all applicants.

1. Name of department, organization/agency: _____
2. Contact Person: _____ Position Title: _____
3. Physical Address: _____
4. Mailing Address: _____ Zip Code: _____
(if different from above)
5. Phone No: () _____ (Between the hrs of 8:00 am - 5:00 pm)
6. Fax No: () _____ E-mail Address: _____
7. EIN/Tax ID # _____ DUNS # _____
8. Type of organization:
() Government () Private Nonprofit Organization
9. Number of years the organization has been in operation: _____
10. Major purpose of the organization: _____

11. Describe the types of services the organization normally provides:

12. Identify clients normally served (i.e., chronically homeless individuals):

13. **If the applicant is a governmental entity, please skip to Question #14.**
Please provide the following documents. Please indicate (X) those documents which are being provided at time of application. If there are documents that cannot be furnished at time of application, please attach a narrative indicating the date(s) by which the outstanding documents will be submitted.

() Current business license
() Certificate of Good Standing
() Articles of Incorporation and By-laws
() Listing of Board of Directors **and** Advisory Committee members, if applicable (at least one member of the Board or Committee must be identified as a current or former homeless individual)

- () Minutes of last three meetings of the organization's Board (minutes must be ratified by the Board President)
 - () Financial statement (*not more than one year old*)
 - () Most recent audit report (**Mandatory for organizations with cumulative prior year expenditures of federal funds of \$750,000 or more**)
 - () Formal organizational chart
 - () Resumés, or job descriptions, of key personnel of the organization
14. Is the organization currently a member of the Continuum of Care (CoC)? Yes () No ()
15. Is your organization currently, or has it ever been, barred from participating in any federal or federally- funded program or project (including ESG and CDBG): Yes () No ()
If "Yes", please attach a separate sheet with a detailed explanation.
16. In the chart below, please list all the federal funds that the organization has received over the last 5 years (**including ESG and CDBG**):

<i>Funding Source & Year</i>	<i>Amt. of Funds Received</i>	<i>Purpose for which funds were used</i>	<i>Finished or Ongoing</i>

Attach a separate sheet if additional space is required.

17. Is the organization currently in compliance with all applicable requirements of the above-mentioned grants? Yes () No ()
18. Provide a letter from each of these funding sources attesting that the organization/agency is in compliance with its requirements.
19. Describe the organization's fundraising activities within the last year and the amount of funds the organization/agency has raised: _____

I certify that the information contained in this application is true and correct. I agree to commit the agency to the implementation of this project if it is approved:

By: _____ **Title:** _____
(Commissioner or Organization Head)

Date: _____

SECTION 2: PROJECT SUMMARY

This section is to be completed by all applicants.

A. ELIGIBLE ACTIVITIES

In order to be eligible for ESG funding, a proposal must include one or more of the activities described in Title 24 Section 576.100 to 576.107 of the Code of Federal Regulations. Please select from the list below the activities which best describe the proposed project. **Note: Check (X) as many as apply.**

EMERGENCY SHELTER

- () Provision of essential services to persons in emergency shelters – e.g., case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, substance abuse treatment, and transportation
- () Operation of emergency shelters
- () Moderate rehabilitation of a building to be used as an emergency shelter for homeless persons for no less than 3 years
- () Major rehabilitation or conversion of a building to be used as a shelter for homeless persons for no less than 10 years

NOTE: Property acquisition and new construction are not eligible ESG activities

STREET OUTREACH

- () Provision of essential services to unsheltered, chronically homeless persons - including engagement, case management, emergency medical and mental health services, and ground transportation

HOMELESSNESS PREVENTION/ RAPID RE-HOUSING

- () Short-term rent and utility payment assistance, security deposits, first month's rent, landlord-tenant mediation, tenant legal services, intake services, housing search/placement, and case management relative to assisting "at-risk" clients or chronically homeless individuals or families

HOMELESS MANAGEMENT INFORMATION SYSTEM

- () Costs associated with data collection/entry/compilation/analysis/quality review and reporting to the HMIS lead agency, purchase/leasing of hardware and software or software licenses, training staff on use of HMIS or comparable database, paying charges for utilities necessary to operate and/or contribute data to the HMIS, paying costs of staff travel to attend HUD-sponsored or HUD-approved training on HMIS, and paying participation fees charged by the HMIS Lead Agency.

B. Project Information

1. Name of Facility/Program: _____
2. Street Address: _____
3. Person responsible for implementing the program: _____
4. Phone No: () _____ (Between 8:00 am - 5:00 pm)
5. Fax No: () _____ Cellular No: () _____
6. E-mail: _____
7. Alternate contact person: _____
8. Phone No: () _____ E-mail: _____

C. Need and Appropriateness of Project

1. In the space below, please describe the proposed project and explain the need that it will address:

2. Describe the beneficiaries, clients or persons for whom the project is intended (e.g., “chronically homeless individuals”, “at-risk families”, “victims of domestic violence”):

3. Explain why ESG funds are necessary and appropriate for the project:

4. Can the proposed project proceed without ESG funding? () Yes () No

D. Consolidated Plan Compliance

The federal funding agency (HUD) requires activities undertaken ESG funds to be consistent with the current HUD-approved Consolidated Plan for housing, homelessness, and community development. At present, there is in effect a VI Consolidated Plan covering the period 2015 – 2019.

Indicate which of the following objectives of the Consolidated Plan will be met by the proposed project:

- () Increase and preserve the stock of affordable housing units
Examples of projects meeting this objective include, but are not limited to, projects which entail acquisition, demolition, or preparation of sites for affordable housing; homebuyer direct financial and other assistance; and, rehabilitation of owner-occupied housing.
- () Reduce and prevent homelessness
Examples of projects meeting this objective include, but are not limited to, projects which entail construction of, or improvements to, emergency shelters, transitional facilities, or permanent supportive housing; operations of emergency shelters, transitional housing facilities, or permanent supportive housing; construction of other homeless facilities such as soup kitchens and outreach facilities; homeless prevention, rapid re-housing, and other services, including but not limited to outreach, counseling, medical and mental assistance and case management.
- () Provide services and community support
Examples of projects meeting this objective include, but are not limited to, projects which provide services that assist low income households and neighborhoods; also projects that assist special needs populations – e.g., youth, the elderly, disabled persons, the mentally ill, victims of domestic violence, and victims of substance abuse.
- () Support community and economic development
Examples of projects meeting this objective include, but are not limited to, projects which entail acquisition, development, and rehabilitation of facilities for the delivery of public services; renovation of public facilities to provide handicap accessibility or other improvements; infrastructure improvements, and projects that support economic opportunities for low-mod income persons.

E. Funding

The Territory of the Virgin Islands receives ESG funds on an annual basis. The normal expectation is that each grant would be spent or liquidated prior to receipt of another grant. The organization is expected to spend or liquidate all ESG funds within 1 year. Failure to expend grant funds on a timely basis may result in reprogramming of funds to another project; it may also impact the organization's ability to receive ESG funds in subsequent years. As a result, the organization should not apply for funds in an amount greater than it can expend within eighteen (18) months. If a proposed rehabilitation project will require more than 18 months to implement and complete, it is recommended that the project be implemented in phases.

1. Total amount of ESG funds required for the project: \$ _____
2. Amount of ESG funds requested by this application \$ _____
3. Amount of ESG funds required in subsequent years: \$ _____
4. Activities for which the funding in this application would be used:

	ESTIMATED COST OF PROJECT	AMOUNT OF ESG FUNDS BEING REQUESTED
a. Emergency Shelter	\$ _____	\$ _____
b. Street Outreach	\$ _____	\$ _____
c. Homeless Prevention	\$ _____	\$ _____
d. Rapid Re-Housing	\$ _____	\$ _____
e. HMIS	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____

Note: The totals above must match the amounts stated elsewhere within the application.

5. Describe the plans for implementation of the proposed project:

6. Please also complete the Project Schedule below to demonstrate that the organization/agency will be able to spend the ESG funds within eighteen months.

**ATTACHMENT 1
PROJECT SCHEDULE**

Quarter	Activity (ies)	Start Date	Completion Date	Funds Expended This Quarter	Cumulative Funds Expended
October-December					
January – March					
April – June					
July – September					

SECTION 3: SHELTER REHABILITATION/RENOVATION ACTIVITIES

Complete this section only if ESG funds are required for rehabilitation/renovation of an existing shelter or conversion of an existing building for use as a shelter. *Note: Property acquisition and new construction are ineligible activities.*

1. Location of site:

Estate Name	Plot #	Parcel #	Island
-------------	--------	----------	--------

2. Size of lot: _____

3. Adjacent roads or landmarks:

(a) Purpose for which property is presently being used: _____

4. Present Owner: _____

5. If the applicant already has control of the property, please attach a copy of the lease agreement or property deed.

6. (a) Size of structure: _____ sq. ft.

(b) No. of rooms: _____

(c) Is the building currently occupied? Yes () No ()

If yes, indicate whether it is occupied by [] the owner, [] residential tenant(s),
[] commercial tenant(s)

(d) Will any tenants be displaced as a result of this project? Yes () No ()

of tenant families _____ # of business tenants _____

7. The activities for which the ESG funds will be used:

Check as many as may apply:

() Development of rehabilitation plans and specifications

() Actual rehabilitation/renovation

() Construction management

**** Please note that ESG funds cannot be used to pay or reimburse costs incurred prior to the issuance of the project's Notice to Proceed.***

8. **Proposed Budget**

<i>Category</i>	<i>Total Cost</i>	<i>Amount of ESG Funds Required</i>	<i>Amount of other Funds Available</i>
Development of rehab. plans & specs.	\$	\$	\$
Construction Services	\$	\$	\$
Construction Management	\$	\$	\$
Other Project Cost			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
Total	\$	\$	\$

For projects which entail rehabilitation or renovation of an existing building, please attach a construction estimate prepared by an architect, engineer, or licensed contractor.

9. Attach pictures of the building to be rehabilitated/renovated/converted.

10. Please indicate any work already completed on the project:

Check as many as may apply:

- ☐ Engineering and Design completed
- ☐ Survey completed
- ☐ Preliminary estimate completed
- ☐ Permits in place
- ☐ Some rehabilitation/renovation/conversion completed

11. Legal actions required in order to use the property for the intended purpose:

Check as many as may apply:

- ☐ Zoning change
- ☐ Coastal Zone Permit
- ☐ Army Corps of Engineers
- ☐ Legislative approval of lease *(if nonprofit applicant proposing to lease government-owned property)*
- ☐ Environmental Assessment
- ☐ Environmental Impact Statement

12. Infrastructure required in order to use the property for the intended purpose:

Check as many as may apply:

- ☐ Handicapped Access
- ☐ Water lines
- ☐ Power lines

- () Access Roads
- () Parking
- () Sanitary Sewer
- () Other (describe): _____

13. Please attach preliminary drawings/plans and scope of work for the rehab, if available.
Note: *In order to be approved for ESG assistance, the shelter must meet or exceed the minimum standards outlined at Section 576.403 of the program regulations upon completion of the rehabilitation.*

14. Estimated annual maintenance cost after rehabilitation/renovation/conversion of the building: \$ _____

15. Are the funds required for maintenance of the building in place? Yes () No ()
 If yes, please identify the amounts and funding source(s) below:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

16. Describe the program for which the structure will be used after rehabilitation/renovation/conversion:

17. Estimated number of persons that the program will serve: _____

18. Estimate annual cost of operating the program: \$ _____

19. Are the funds required for operation of the program in place? Yes () No ()
 If yes, please identify the amounts and funding source(s) below:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

SECTION 4: PROVISION OF EMERGENCY SHELTER SERVICES AND/OR STREET OUTREACH ACTIVITIES

Complete this section only if ESG funds are required to operate a program which offers supportive social services such as outreach/engagement, case management, counseling, health care, job training, education, operation of a soup kitchen, shelter, etc.

1. Describe the services to be provided: _____

2. Physical address from which the services will be provided:

3. Is the building from which the program will operate properly zoned?
Yes () No ()
4. Describe the number and common characteristics of the persons to be directly served by the project:

5. Describe other indirect beneficiaries: _____

6. Has the organization/agency previously provided the services being proposed?
Yes () No ()

If yes, how long? _____
7. How many people were served in each cycle? _____
8. What was the source of financing? _____

9. How did/does the organization/agency measure the success of its program?

10. If the proposed service is new, how does the experience of your organization relate to its role in providing the proposed services?

11. Describe the administrative, managerial and operational capabilities of your staff. Please list those key members of your staff that will be involved in providing the proposed services. (Attach additional sheets, if necessary)

12. Describe your outreach, client screening, intake, and selection process; how and when client assessment will be performed, and by whom:

13. What distinguishes your organization's project from other programs providing similar services? _____

14. Estimated cost of the services for which ESG funds are being sought: \$_____

15. PROPOSED ANNUAL BUDGET

<i>CATEGORY</i>	<i>ESG FUNDS</i>	<i>OTHER FUNDS</i>	<i>TOTAL</i>
Personnel Services (Outreach Worker, Case Manager)	\$	\$	\$
Rent	\$	\$	\$
Utilities (phone services, high-speed data transmission service)	\$	\$	\$
Vehicle Expense	\$	\$	\$
Materials/Supplies	\$	\$	\$
Emergency Medical Services	\$	\$	\$
Transportation	\$	\$	\$
<i>OTHER (please specify)</i>			
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

16. Sources and amounts of other funds available or required to carry out the project:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

17. Does the organization have any written commitment(s) of these funds? Yes () No ()
If yes, please attach letter(s) of commitment. If no, please indicate date(s) by which the commitment(s) will be secured:

SOURCE

DATE

18. If your program is awarded ESG funds, how will the organization/agency fund its operation after the ESG funding expires?

SECTION 5: HOMELESSNESS PREVENTION/RAPID RE-HOUSING ACTIVITIES

Complete this section only if the applicant plans to use ESG funds to provide homelessness prevention and rapid re-housing assistance to include intake services, housing search/placement, and case management relative to assisting applicant families.

1. Describe the Homeless Prevention and/or Rapid Re-housing services to be provided:

2. Describe the number and common characteristics of the persons to be directly served by the project:

3. Physical address from which the services will be provided, and hours of operation:

4. Does the organization possess an insured vehicle to assist clients with housing search, employment search, and other placement/case management activities? If yes, please list the model/year, tag number, and insurance company policy number of the vehicle(s).

5. Has the organization/agency previously provided the services being proposed?
Yes () No ()
6. If yes, for how long? _____
7. How many households were served in each cycle? _____

8. What was the source of financing for the program? _____
9. How did the organization/agency measure the success of its program? (Attach additional sheets, if necessary)
- _____
- _____
10. Describe the organization's experience with administering rental programs – i.e., determination of income eligibility, calculation of tenant payment, application of utility allowance, etc.
- _____
- _____
- _____
11. If the proposed service is new, how does the experience of your organization relate to its role in providing the proposed services?
- _____
- _____
- _____
12. Describe the administrative, managerial and operational capabilities of your staff. In your response, please list the members of your staff that will be involved in providing the proposed service(s) and their knowledge, skills, and abilities as they pertain to Homeless Prevention and Rapid Re-Housing services:
- _____
- _____
- _____
- _____
- _____
- (Attach additional sheets, if necessary)*
13. Describe your outreach, client screening, intake, selection and case management process – i.e., how and when client assessment will be performed and by whom:
- _____
- _____
- _____
- (Attach additional sheets, if necessary)*

14. What distinguishes your organization's program from other programs providing similar services?

15. Estimated cost of the services for which ESG funds are being sought: \$_____

16. PROPOSED ANNUAL BUDGET

<i>CATEGORY</i>	<i>ESG FUNDS</i>	<i>OTHER FUNDS</i>	<i>TOTAL</i>
Case Management/ Personnel Services	\$	\$	\$
Rental Assistance	\$	\$	\$
Financial Assistance (utility or security deposit assistance, utility assistance)	\$	\$	\$
	\$	\$	\$
<i>OTHER (please specify)</i>			
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

17. Sources and amounts of other funds available or required to carry out the project:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____

18. Does the organization have any written commitment(s) of these funds? Yes () No ()
If yes, please attach letter(s) of commitment. If no, please indicate date(s) by which the commitment(s) will be secured:

SOURCE	DATE
_____	_____
_____	_____

SECTION 6: HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Complete this section only if ESG funds are required to pay costs associated with participation in the HMIS.

1. Does your organization currently provide services to homeless individuals with the use of HUD funds? Yes () No ()

If yes, please list the program(s) under which these services are provided:

PROGRAM(S)

IF THE ORGANIZATION/AGENCY IS CURRENTLY PARTICIPATING IN THE HMIS, PLEASE ANSWER QUESTIONS 2 & 3 BELOW. IF NOT, SKIP TO QUESTION # 4.

2. Does the organization propose to increase the number of people served under ESG or any of the Continuum of Care (CoC) grant programs in the upcoming program year?
Yes () No ()

of beneficiaries currently served: _____ Proposed #: _____

3. List the services currently being provided and the additional services being proposed:

CURRENT SERVICES

ADDITIONAL SERVICES TO BE OFFERED

4. Describe the HMIS costs to be paid with ESG funds:

Check as many as may apply:

- () Staff/personnel
() Equipment
() Software
() Technical Support
() Utilities
() Travel/Training
() Other: _____

5. Please explain why ESG funds are necessary and appropriate for paying these costs:

(Attach additional sheets, if necessary)

6. If funds will be used to purchase or lease computer hardware and/or software for the sole purchase of collecting and entering HMIS data, please explain the measures that will be implemented to ensure the security of the equipment and data.

(Attach additional sheets, if necessary)

7. Will funds be used for salary, training, and/or other related cost for a staffperson that will be dedicated exclusively to HMIS duties? Yes () No ()

If yes, please briefly describe the position to include its functions, required qualifications, hours, and the proposed compensation:

(Attach additional sheets, if necessary)

8. Will the organization be able to fulfill its obligation to contribute data to the HMIS without ESG funding for this purpose?

9. Estimated annual cost of the HMIS expenses for which ESG funds are being sought:
\$ _____

10. PROPOSED ANNUAL BUDGET FOR HMIS

<i>CATEGORY</i>	<i>ESG FUNDS</i>	<i>OTHER FUNDS</i>	<i>TOTAL</i>
Personnel Services (salaries for operating the HMIS, including data entry, monitoring & reviewing data quality, data analysis, reporting, training staff, implementing and complying with HMIS requirements)	\$	\$	\$
Computer Hardware (purchase or lease)	\$	\$	\$
Equipment (telephone, fax machines)	\$	\$	\$
Software (purchasing software or software licenses)	\$	\$	\$
Technical Support	\$	\$	\$
Rent (leasing of office space)	\$	\$	\$
Utilities (phone services, high-speed data transmission service)	\$	\$	\$
Travel/Training (HUD-sponsored/approved training on HMIS)	\$	\$	\$
HMIS Participation Fee (fee assessed by the Lead Agency)	\$	\$	\$
Total	\$	\$	\$

11. Sources and amounts of other funds available or required to defray expenses associated with the organization's HMIS responsibilities:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. Does the organization have any written commitment(s) of these funds? Yes () No ()
If yes, please attach documentation of commitment. If no, please indicate date(s) by which the commitment(s) will be secured:

SOURCE	DATE
_____	_____
_____	_____
_____	_____

SECTION 7: PERSONNEL LISTING

1. Please list all program personnel whether to be paid with or without program funds

<i>Position Title</i>	<i># of Persons</i>	<i>Duration of Employment</i>		<i># of hours weekly</i>	<i>Hourly Rate</i>	<i>Total # of hours</i>	<i>Total Payment</i>	<i>Amt to be Paid from ESG funds</i>
		<i>From <date></i>	<i>To <date></i>					
Total								

2. Describe the job duties for each position that will be participating in this program listed above. (Attach separate sheets, as needed)